CANDIDATE COMMITTEE COVER PAGE

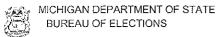
FOR OFFICIAL USE ONLY

COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 4578 to 64918
1. Committee I.D. Number	4. Candidate Last Name Robby First Name Jeffrey MA 4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name Friends of Jeff Rohl	Bay County Commissioner, District #
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
204 Frances St	Kyrsten Flayd
Aubyn, MI 48ell	5925 Jefferson Ale
Area Code and Phone (989) 450 - 1938	Midland, MIL48640
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989) 859 - 3935
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Same as Home (Box 6)	
Area Code and Phone (989) 859 - 3535	Area Code and Phone
91 TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	st-Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gen	neral 9e. Dissolution of Candidate Committee
Convention Scho	hool Effective Date of Dissolution
Special Cauc	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
11/0/12	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all reschedules. Direct contributions, in-kind contributions, loans, exper If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
10. Verification: I\We certify that all reasonable diligence was used iny\our knowledge and belief the contents are true, accurate and co	In the preparation of this statement and attached schedules (if any) and to the best of complete.
Current Treasurer or Designated Record keeper Type or Print Name	Kuntuchland Date 10/21/12
Candidate THE ROW	1 Date 10/21/12
Type or Print Name	Signature

SUMMARY PAGE CANDIDATE COMMITTEE

1. Committee I.D. Number 150017
2. Committee Name HYPONS OF JEff Pan

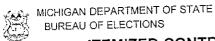
CANDIDATE COMMITTEE	_	T
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	W 201. 11	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	11.05 M
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$ 1605.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\(\(\)\(\)\(\)\(\)\(\)\(\)</u>	(20.) \$ <u>1005,00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		-
8. Expenditures	1117 71.	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 1117.7U	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$: 116-mm
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>117,76</u>	(23.) \$ 117. + 4
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	4311010	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$ (11.) \$	(24.) \$ NQ
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$ 1 400
a. Owed by the Committee (Schedule 1E)	(12a.) \$	©
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	(13.) \$ 0 (14.) + \$ 1005.00 (15.) = \$ 1005.00 (16.) - \$ 117 70 (17.) \$ 487.04	P. The St. C. P. W. T. C. P. W. T. C. P. W. T. P. W. T. C. P. W. T. P.



CANDIDATE COMMITTEE

Committee I.D. Number	150le)7	
2 Committee Name File	ends of toll Pohl	

OANDIDATE COMMITTIEE 2. Committee Name 111	or My Mr.	(N· 1)
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1. PAC Receipt? HAVES 4. Date of Receipt 9513 Name & Address: 4. Date of Receipt 9513 TOS michigan Bay City, MI 4640	s 250	s 260_
5. If over \$100.00 cumulative, please provide: Occupation SUN SYOUT Employer Business Address Solve Wolf Management Fund Raiser Type of Contribution: Direct Loan from a person Fund Raiser	Click Here fo	or Memo Itemization
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/30/12 Name & Address Durren Knaub AUFI N. 8 MINE Rd Pinconing, MI 48050	s <u>25</u>	\$ 25
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here fo	r Memo Itemization
Business Address		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 93013 Name & Address: Jim Hem 705 michigan Boy Cly, MI 5. If over \$100.00 cumulative, please provide:	\$	\$ Memo Itemization
Occupation Employer		
Business Address Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Yame & Address YES 4. Date of Receipt	s 25	\$\$
Occupation Employer	Click Here to	iviemo itemization
Business Address Loan from a person X Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.	



1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	1000	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulativë for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9 30 12 Name & Address: YANGU + MONTH MUCO HOW ALL WILLIAM OF THE PROPERTY OF THE P	s_25 Click Here fo	\$ <u>25</u> or Memo Itemization
Occupation Employer Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 93016 Name & Address DNON + TING BOUGGIUDO IGIL E. SOLPOUG BOU CUY, MI 5. If over \$100.00 cumulative, please provide:	\$Click Here fo	s 50 or Memo Itemization
Occupation Employer		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt O 30/10 Name & Address: BOY LICO BOY CH, MJ 5. If over \$100.00 cumulative, please provide:	s Olick Here fo	s <u></u> <u>a0</u> or Memo Itemization
Occupation Employer Business Address Type of Contribution:		
2. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 930 12 Name & Address DON THE YORK LOT GREEN THE YES 4. Date of Receipt 930 12 5. If over \$100.00 cumulative, please provide:	§ Click Here f	s for Memo Itemization
Occupation Employer		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	187,00)

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

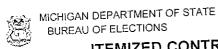


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee J.D. Number 1001 1

CANDIDATE COMMITTEE 2. Committee Name	reign of left tuil
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 930 12 The same & Address: All on Garcia Strain Harding Essewile, MI 48732 If over \$100.00 cumulative, please provide: Decupation Employer	\$ SO
Type of Contribution: Direct Loan from a person Fund Raiser Contribution #2 PAC Receipt? YES 4. Date of Receipt 9 30 13 ame & Address CM + Date of Receipt 9 30 13 ame & Address	. 25 : 25
302 Transa 9.01 Auburn, MI 4901 i. If over \$100.00 cumulative, please provide: Decupation Employer	Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 0/30/13 Name & Address: TOY WITE AUDITUTE 5. If over \$100.00 cumulative, please provide: Occupation Employer	s S s S Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt ONE Name & Address WILLIAM FOLOO ADD WOXUS AUDIT 5. If over \$100.00 cumulative, please provide:	\$\$\$\$\$\$
Occupation Employer Business Address Type of Contribution: Direct	1A

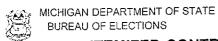


1. Committee I.D. Number

SCHEDULE 1A	rends of J	et ron
CANDIDATE COMMITTEE 2. Committee Name 11	6. Amount	7. Cumulative for
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9 30 10		
Name & Address: TO 4 TESS WHEY OF BOY CIN, WILL 5. If over \$100.00 cumulative, please provide:	\$Click Here	\$
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address Dave + Laura Jesse, 4775 Byanaod Ct	<u>\$</u>	\$ <u>30</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address Fund Raiser		
Type of Contribution: Direct Loan Iron a person		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: WAL NOWOWSK! 4780 BYNDAWN SOUCH MI 5. If over \$100.00 cumulative, please provide:	\$\$Click Here	\$for Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt		
Name & Address ChyBhna Lacalo 1915 Fitzgrald St	<u>\$</u>	s_2O
5. If over \$100.00 cumulative, please provide:	Click Here	e for Memo Itemization
Occupation Employer		Q ,
Business Address Fund Raiser		
Type of Contribution: Direct Loan from a person Page Sub	ototal SU	20
Grand Total of All Schedules	s 1A	
(Complete on last page of Sche	uule) —	

Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

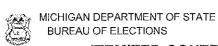


1. Committ

ee I.D. Number	150617
	ments of Jeff Vahl
ee Name	THOMAS OF COMMENT

CANDIDATE COMMITTEE 2. Committee Name	THO IN A OUR DATE
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: TOM + KOYON LOYOWSU AULUM: WI YSU 5. If over \$100.00 cumulative, please provide:	\$\$\$
Occupation Employer	
Business Address	
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9000 Name & Address NUMBER TOTAL NAME & Address NUMBER TOTAL NUMBER T	\$ 25 \$ 35 Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/30/12 Name & Address: ON ICISO LOU SOUTHOUN AUM MI YOU! 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$\$Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address JUG SUCCINOTE LO AUDUM, MI YSUII 5. If over \$100.00 cumulative, please provide:	\$\$\$\$\$\$\$\$
Occupation Employer	
Business Address	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	10,00

line 3a of Summary Page.



Page of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

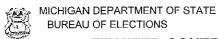
CANDIDATE COMMITTEE

1. Committee I.D. Number

150U17	
nems	of Jeff Rabl

CANDIDATE CONTINUE 2. Committee Name	11000 V	UNITED
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: MCH SCHICH AUGUSTUS ON AUGUSTUS 5. If over \$100.00 cumulative, please provide:	\$ 00,00	\$ 20, 00
Occupation Employer	Click here ic	r Memo Itemization
Business Address Type of Contribution: Loan from a person Fund Raiser		·
3. Contribution #2 PAC Receipt? XYES 4. Date of Receipt 4/7/12 Name & Address TRSW FAC VAWN-OUY-FUND OF THE ST NW 5. In over \$100.00 cumulative, please provide:	\$ 500,000 Click Here fo	\$ 500,00
OccupationEmployer		
3. Contribution #3 PAC Receipt? X YES 4. Date of Receipt 10/10/10 Name & Address: Name & Addre	s <u>200,00</u> Click Here for	\$ 200.00 Memo Itemization
Occupation Employer Business Address Type of Contribution: Direct		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1000 100 100 100 100 100 100 100 100 1	\$ 20.00 Click Here for	\$
Business Address Type of Contribution: Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	740.00	

Enter this total on line 3a of Summary Page.



1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name TY II	JUSUF J	MIWIL
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: MCN9CM CONCONTRACTOR CONCONTRACTOR 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 100 \00 Click Here fo	s O CO
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt D 2 7. Name & Address PAC Receipt? YES 4. Date of Receipt D 2 7. PAC Receipt? YES 4. Date of Receipt D 2 7. Supply the supply	s <u>\</u> Click Here fo	s 100 00
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$Click Here for	\$ r Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$Click Here for	\$ r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	<u> 400.00</u>	1605.00

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 155017
2. Committee Name FYPMS OF JEFF Vahl

	A Present (Partied Information)
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name AUDUM FOODCUNFO Address GR5 W. Midland - Aubum, MI 48011 X Fund Raiser	Purpose: Fundraiser Date Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Name Aubun Food Cutter Address 965 W. Midland Aubun, ME 48011	Purpose: ICL CrCay For Fundral Scr Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name AUDOM FOODCUNTCY Address 915 W. MIDLAND AUDOM, MIL 4801 Fund Raiser	Purpose: Turdraiser supples Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name Dollar General Address 404 W. Michard Rd Auburn, MI 48011-9418 X Fund Raiser	Purpose: Date \$ 30.84 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name SOWICK + SONS Address 1521 W. LAFAYHL DEJONH, MI 48010 Fund Raiser	Purpose: Date s 047.2 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Subtotal this page Grand Total of all Schedules 1B
	(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Page \int of 2



SCHEDULE 1B

1. Committee I. D. Number

CANDIDATE COMMITTEE 2.0	Committee Name <u>FNCNS OF JPH</u>	<u>kanl</u>
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name DOMOS PMNTMY Address 11-31 E CENSSICALC.	Purpose: DOSCATOS FO	10/19/10 s 157.94
Address 131 E. GENESSE QUE. SOGINAUS, MI 48407		lere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Name CHY OF HUBUYN Address 13 E. Elm St.	Purpose: 1001 faculty	9000000000000000000000000000000000000
AUDUM, MI USUU Fund Raiser	Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
Expenditure #3		
Name Address	Purpose:	\$
Fund Raiser	Click H. Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
Expenditure #4		
Name Address	Purpose:	\$
Fund Raiser	Click Home Click Home Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type
Expenditure #5		
Name Address	Purpose:	\$
Fund Raiser	Click Home Click Home Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Itemization Type

Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

117.74

Enter this total on line 8a of Summary Page

Page ∂_{-} of ∂_{-}



FUND RAISER SCHEDULE 1F

1. Committee I.D. Number 15001' 2. Committee Name 15005 of Teff Pahl

CANDIDATE CC	2. Con	nmittee Name	F 744 ((1) 11		
- USE A SEPARATE SHEET FOR EACH EVENT -					
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity TCC CYCAM SOCIOI	6. Address and Name (If any) of the place where the activity was held. AUDUM CUY POUR U35, 5. AUDUM Private belonger MC YRU		
7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 a 10. Total Cost of Event (Total Cost includes In-Kind Cor 11.	292.55				
Co-Sponsor(s)	Contribution S (%)	_	Expenditure Split (%)		
 period covered by the C Receipts and expenditu Schedule (1A), Itemized Summary Page. 	ed to file a separate Fund Rais campaign Statement. res listed on a Fund Raiser Sch I In-Kind Contributions Schedul rticipated in a joint fund raiser r	nedule must also be reported of le (1-IK), Itemized Expenditure	on the Itemized Contributions es Schedule (1B) and the		



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

vww.Michigan.gov/sos LATE CONTRIBUTION REPORT	
Your Committee ID#:	
Mande N' Toll You	
2. Your Committee Name: 1000 CF COTT	
Date Late Contribution(s) Received: (Only one Date per Sheet)	
The state of the s	The Medical Eq. (199
 Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same cor 	stributor of
\$500.00 or more after the closing date of the last campaign statement required and the 3 rd day before	e an election where
the candidate is participating. See Appendix G of the Campaign Finance Manual.	
 A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the 	single
last campaign statement required and the 3 rd day before an election. See <u>Appendix G</u> of the Campa	ign Finance Manual
• Contributions are anything of monetary value including contributions of money, in-kind and loans to the cor	
Late Contribution Reports are not waived by the Reporting Waiver.	
 Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum per report. 	n fee is \$2,000.00
 Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution. 	ution with your
Filing Official.	,
 Electronic Filers on the state level must file all Late Contribution Report electronically. The Late Contribution must also be reported on the next Campaign Statement lowed by the committee. 	
The Late Contribution must also be reported on the next Campaign statement tweetoy the Committee.	
4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle	5. Amount
initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	
Contributor Name and Address:	4 ~ ~ ~ ~
TREW PCC WILLTON FUNC	1 X M X I
SIM I WASHINGTON, I'V SUCCI	
(If Individual, also provide:) UShiryton, L. 2000 Occupation Employer / Business Address	
Contributor Name and Address:	
(If Individual, also provide:)	
Occupation Employer / Business Address	
Contributor Name and Address:	
Contributor Name and Newtess.	
(If Individual, also provide:)	··
Occupation Employer / Business Address	
	e in
Contributor Name and Address:	
(If Individual, also provide:) Occupation Employer / Business Address	*